

<p style="text-align: center;">SC Need-based Grant Waiver Form For Foster Care Youth</p>

Name _____

Student ID Number _____

E-mail address _____

Name of College _____

I hereby grant that information requested by the SC Commission on Higher Education and the Department of Social Services may be released to them. These State agencies may access my personal, academic, and financial information in order to provide academic and financial assistance.

Student Signature

Date

Guardian (if student is under 18)

Date